



Entomology & Plant Pathology  
402 W. Washington St., Rm. W290  
Indianapolis, IN 46204  
PH: 317-232-4120  
FAX: 317-232-2649

**Application to Obtain or Possess *Lythrum* Species in Indiana**  
For Purposes of Biological Control, Research of Biological Control Organisms, or Education on the Same Under  
312 IAC 18-3-13

**Name of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Location Plants are to be Maintained:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Name of Program and its Purpose?:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Telephone Number of Program Director/Coordinator?:**

\_\_\_\_\_

**What is the Source of Your *Lythrum* Material? (Name of firm and address):**

***Note:*** It is illegal for any person, (including Nurseries) to sell *Lythrum* in the State of Indiana.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are You a Program Coordinator?:** \_\_\_\_\_ Yes \_\_\_\_\_ No

(OVER)

The Division reserves the right to inspect, during normal business hours, the premises where *Lythrum* is obtained or possessed under this license.

It is not authorized under this license for the licensee to sell, give away, or otherwise distribute *Lythrum* to any other person. A licensee, who is identified as a program coordinator and who is providing plant material to cooperators for the specific purposes authorized may distribute material to a licensed cooperator.

Any distribution of biological control organisms of *Lythrum*, is the direct responsibility of the applicant. Any purposeful distributions of beetles on property not owned by the licensee must have the written authorization of the landowner.

This license does not allow the licensee to unlawfully enter the property of another for any purpose.

*Lythrum* that is no longer useful to sustain biological control organisms must be rehabilitated without flowering, or disposed by incineration, or by distributing to a site already heavily infested with purple loosestrife (*Lythrum salicaria*), or by chopping the plant, severing it from its roots and placing in approved trash receptacles.

I understand that I am directly responsible for compliance with the requirements of this license to obtain and possess *Lythrum*, for which I am making application:

Signature, \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form with an original signature to:

**Division of Entomology and Plant Pathology  
402 West Washington Street, Room W-290  
Indianapolis, IN 46204  
Telephone: 317-232-4120  
Facsimile: 317-232-2649**

A license will be forwarded to the address where the material will be maintained. There is no fee for this licensing activity.

The license resulting from this application expires **December 31**, unless revoked for cause.

This application is also available at our website:

**<http://www.in.gov/dnr/entomolo/pdfs/lythapp.pdf>**